

DEC 11 2006

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Pages: 4 including cover

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Date: December 11, 2006

Re: Serial No. 09/591,381
Atty Docket No. IPHD.P012

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	02/591,381
	Filing Date	8/3/00
	First Named Inventor	Raman K. Rao
	Title	DYNAMICALLY CONFIGURABLE...
	Art Unit	
	Examiner Name	
	Attorney Docket Number	IPH0.P012

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 53186

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City State Zip

Country

Telephone Email

I am, the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Raman K. Rao</i>	Date	12/6/2006
Name	Raman K. Rao	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of THREE forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/581,881
	Filing Date	6/9/00
	First Named Inventor	Raman K. Rao
	Title	DYNAMICALLY CONFIGURABLE...
	Art Unit	
	Examiner Name	
	Attorney Docket Number	IPHD.P012

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 53158

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above and to transact all business in the United States Patent and Trademark Office connected therewith.

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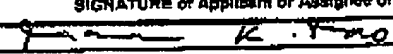
Firm or Individual Name	
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City	State Zip
Country	
Telephone	Email

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/6/2006
Name	Raman K. Rao	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of THREE forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	09/591,381
Filing Date	6/8/00
First Named Inventor	Raman K. Rao
Title	DYNAMICALLY CONFIGURABLE...
Art Unit	
Examiner Name	
Attorney Docket Number	IPRD.P012

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner associated with the Customer Number:

53166

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Name	Registration Number

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor☐ Assignee or record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/6/2006
Name	Sanjay K. Rao	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of THREE forms are submitted.

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